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1984

### Evaluation Convention; Series II; File 44

Juanita Hunter

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**American Nurses' Association, Inc.**

**2420 Pershing Road, Kansas City, Missouri 64108**

**(816) 474-5720**

Eunice R. Cole, R.N.  
President

Judith A. Ryan, Ph.D., R.N.  
Executive Director



Washington Office:  
1101 14th Street, N.W.  
Suite 200  
Washington, D.C. 20005  
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October 29, 1984

Juanita K. Hunter, Ed.D., R.N.  
127 Shuley Avenue  
Buffalo, New York 14215

Dear Dr. Hunter:

The following information on the continuing education program at the 1984 convention is enclosed.

1. The session evaluation forms for the session you presented which indicate the number of respondents for each session and number and percentage of responses to each question
2. A summary of comments from the session evaluation forms (comments compiled from one-third of the forms)
3. A summary of comments from one-third of the overall convention evaluation forms (159 were received).

For the continuing education program in general, respondents indicated that the learning objectives were achieved, the level of the content presented was appropriate, the content had practical value, and the speakers were well accepted.

Although most respondents indicated that the teaching methods were appropriate for the content and group size, written comments indicated a dissatisfaction with speakers reading presentations directly from a prepared text.

Attendees were very appreciative of handouts and bibliographies and indicated a desire for supplemental materials for all of the sessions. There was dissatisfaction with the quality and effectiveness of many of the audio-visual presentations. Comments indicated the print on the screen was too small to be seen clearly, the audio-visual equipment malfunctioned, or not enough time was allowed between frames for note taking.

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Respondents complained about overcrowding of sessions, not enough time being allowed between sessions, sessions being held late in the day, sessions being held in two locations, poor acoustics in the meeting rooms at the Rivergate Convention Center, and excessive traffic in and out of the meeting rooms during the presentations.

The evaluation summary will be shared with staff and planning committees responsible for the planning, implementation, and evaluation of offerings.

We appreciate your contribution to the success of the 1984 convention and hope this evaluation summary will be helpful to you.

Sincerely,

Sandra J. Olson, M.A.  
Staff Specialist, Educational Services  
Member Services

SJO:lac:24

Enclosure

#44  
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program

1,469 evaluations

Registration No.

Name

Address

AMERICAN NURSES' ASSOCIATION

Session Evaluation

1984 Convention Continuing Education Program

The Choices Nurses Must Make

Rivergate  
Location

N012  
Code Number

June 24, 11 a.m.-12:45 p.m.  
Date/Time

2.1  
Contact Hours

I. Objectives:

- A. This program session was designed to meet the objectives listed below.

In your opinion, were these objectives achieved?

	Yes	Somewhat	No
1. Describe a proactive response to the impact of megatrends on the nursing profession with respect to education, practice, issues, and trends.	<input type="checkbox"/> 1,109 75.5	<input type="checkbox"/> 318 21.6	<input type="checkbox"/> 20 1.4

- B. Was there sufficient time allowed to meet the objectives?

<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
986/67.1	348/23.7	118/8.0

- C. Were your personal objectives met by attending this session?

<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
990 67.4	432 29.4	41 2.8

II. Content:

- A. Was the content consistent with the session objectives?

<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
1,244/84.7	214/14.6	11/7

- B. The level of content presented was:

<input type="checkbox"/> too basic	<input type="checkbox"/> appropriate	<input type="checkbox"/> too advanced
84/5.7	1,370/93.3	11/7

- C. Did the content have practical value?

<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
1,013 69.0	410 27.9	44 3.0

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III. Methodology:

- A. The primary teaching method for this session was:

<input type="checkbox"/> Lecture	<input type="checkbox"/> Panel	<input type="checkbox"/> Group Process	<input type="checkbox"/> Other
18/1.2	1,395/95.0	39/2.7	3/2

B. Was the primary teaching method appropriate for the content and group size?

<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
1,276/86.9	147/10.0	14/1.0

C. Were audio-visual materials effective? (if applicable)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 .1	6 .4

IV. Faculty:

Please rate the faculty in the following areas:

Name: Martha Garcia, B.S., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 677/46.1	<input type="checkbox"/> 718/48.9	<input type="checkbox"/> 47.3
B. Organization of Content	<input type="checkbox"/> 603/41.0	<input type="checkbox"/> 750/51.1	<input type="checkbox"/> 57.3
C. Effectiveness of Speaking Style	<input type="checkbox"/> 669/45.5	<input type="checkbox"/> 709/48.3	<input type="checkbox"/> 87.5

Name: Juanita K. Hunter, Ed.D., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 870/59.2	<input type="checkbox"/> 538/36.6	<input type="checkbox"/> 87.5
B. Organization of Content	<input type="checkbox"/> 794/54.1	<input type="checkbox"/> 580/39.5	<input type="checkbox"/> 67.4
C. Effectiveness of Speaking Style	<input type="checkbox"/> 824/56.1	<input type="checkbox"/> 571/38.9	<input type="checkbox"/> 87.5

Name: Judith A. Huntington, B.S.N., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 850/57.9	<input type="checkbox"/> 548/37.3	<input type="checkbox"/> 47.3
B. Organization of Content	<input type="checkbox"/> 768/52.3	<input type="checkbox"/> 593/40.4	<input type="checkbox"/> 47.3
C. Effectiveness of Speaking Style	<input type="checkbox"/> 830/56.5	<input type="checkbox"/> 547/37.2	<input type="checkbox"/> 87.5



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Name: Catherine P. Murphy, Ed.D., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 872/59.4	<input type="checkbox"/> 546/37.2	<input type="checkbox"/> 5/3
B. Organization of Content	<input type="checkbox"/> 750/51.1	<input type="checkbox"/> 627/42.7	<input type="checkbox"/> 7/5
C. Effectiveness of Speaking Style	<input type="checkbox"/> 798/54.3	<input type="checkbox"/> 606/41.3	<input type="checkbox"/> 6/4

Name: Nola J. Pender, Ph.D., R.N., F.A.A.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 784/53.4	<input type="checkbox"/> 627/42.7	<input type="checkbox"/> 7/5
B. Organization of Content	<input type="checkbox"/> 686/46.7	<input type="checkbox"/> 686/46.7	<input type="checkbox"/> 8/5
C. Effectiveness of Speaking Style	<input type="checkbox"/> 732/49.8	<input type="checkbox"/> 664/45.2	<input type="checkbox"/> 9/6

Name: Sally Sample, M.N., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 1,083/73.7	<input type="checkbox"/> 352/24.0	<input type="checkbox"/> 2/1
B. Organization of Content	<input type="checkbox"/> 1,002/68.2	<input type="checkbox"/> 395/26.9	<input type="checkbox"/> 3/2
C. Effectiveness of Speaking Style	<input type="checkbox"/> 1,070/72.8	<input type="checkbox"/> 348/23.7	<input type="checkbox"/> 4/3

Name: Jean E. Steel, M.S., R.N., C.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 970/66.0	<input type="checkbox"/> 458/31.2	<input type="checkbox"/> 6/4
B. Organization of Content	<input type="checkbox"/> 885/60.2	<input type="checkbox"/> 500/34.0	<input type="checkbox"/> 8/5
C. Effectiveness of Speaking Style	<input type="checkbox"/> 963/65.6	<input type="checkbox"/> 448/30.5	<input type="checkbox"/> 8/5

Name: Delight M. Tillotson, M.S.N., R.N.

	Superior	Satisfactory	Unsatisfactory
A. Knowledge of Subject	<input type="checkbox"/> 770/52.4	<input type="checkbox"/> 630/42.9	<input type="checkbox"/> 23/1.6
B. Organization of Content	<input type="checkbox"/> 699/47.6	<input type="checkbox"/> 672/45.7	<input type="checkbox"/> 13/9
C. Effectiveness of Speaking Style	<input type="checkbox"/> 768/52/3	<input type="checkbox"/> 628/42.8	<input type="checkbox"/> 11/7



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AMERICAN NURSES' ASSOCIATION  
1984 Convention  
Continuing Education Program  
Session Comments

N012 The Choices Nurses Must Make

Sponsors: ANA Cabinets with representatives from the Committee on Ethics and the Constituent Forum

Speakers: Judy Woodruff, moderator

Panel: Martha Garcia, B.S., R.N.  
Juanita K. Hunter, Ed.D., R.N.  
Judith A. Huntington, B.S.N., R.N.  
Catherine P. Murphy, Ed.D., R.N.  
Nola J. Pender, Ph.D., R.N., F.A.A.N.  
Sally Sample, M.N., R.N.  
Jean E. Steel, M.S., R.N., C.  
Delight Tillotson, M.S.N., R.N.

Judy Woodruff was an excellent moderator.

Judy Woodruff excellent moderator.

Moderator excellent.

This form does not fit the style of the panel--all were well prepared, thoughtful, articulate, and interacted well. Moderator did an excellent job--forced panelists to get away from generalities and be more specific.

Enjoyed this format which brought objective responses to crucial issues facing the profession from our elected leaders.

Excellent program.

Sally Sample--Her speaking style and logical organization of material was most effective.

Not all panelists need to address each topic. Moderator was excellent.

Excellent program. Like format of hearing different focus to same question. Do not decrease panel time but please increase question time.

I object to the large numbers of program participants who leave programs early. This is very distracting to others and quite rude, I feel to the speakers.

Good presentation, but during question and answer period panelists gave overlong and superficial answers.

-2-

A superb panel.

Sally Sample--A wonderful speaker, very articulate.

Moderator was excellent! She provided an outstanding perspective as she asked questions and facilitated the discussion.

Ms. Woodruff did an excellent job at moderating and keeping the discussion flowing. I do believe that in some instances the questions asked were not answered but the participants used the time to present their own information.

Excellent panel.

The panel participants were all excellent but it concerns me that there were only one or two practitioners or clinicians on the panel. If we truly want to bridge the practice/education gap, clinicians need equal opportunity to speak and be recognized.

Moderator was excellent--was probing but thoughtful.

Suggest that you put the evaluation tool on a computer sheet and handout pencils with them. It would save a tremendous amount of time.

Questions regarding changes in nurses' roles within community hospitals to reflect the Megatrends era were not answered.

Actually unrealistic to ask that we assess individuals given format.

J. Woodruff was very effective.

I was impressed with all faculty and felt all were superior. Good spokespersons for the nursing profession. However why were no male nurses represented?

Sound good, but unfortunately the panel placement was too low to be seen.

The speakers in the ceiling were turned up too loud.

As discussion evolved it was impossible to know who was speaking because I was sitting in back of room.

I was hoping to hear more than was presented. Most of it was not new information. Either I am very aware of the trends or the program was way too basic. I would have liked to see a little more diversity of opinion from the speakers or other new information or other specifics.

Session started late. Good style for presentation.

Really did enjoy the format of this session, great job, well done.

Unable to see who was speaking each time but for initial statements.

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Terrific program, wish it lasted longer.

If we can't give at least occasionally specific examples to each other--how can we convince the legislature or the general public? I was disappointed with the generality of the responses. Would like to have gained a few rounds of ammunition.

It's confusing who is who in the panel. There should have been names in front of them, for proper identification.

Programs should start on time!

Judy Woodruff was a great asset because she kept calling for specifics!

The moderator was outstanding and incisive, however, she spoke too loudly into the microphone. Questions were really to the point.

Excellent presentation.

Judy Woodruff was a superior moderator.

Panel did not deal with basic problem--how to plan a strategy to deal with colleagues who maintain standardization of entry into practice--internal destructive forces are far worse than external forces.

All know their subjects, that of professional nursing, but where was the influence of Megatrends and how can we take advantage of this information?

All were very articulate and current.

The moderator was excellent.

Excellent panel.

This was a very valuable session. Both content and presentation and approach excellent.

This has been an excellent session! Congratulations.

Enjoyed it, good review and organization of issues.

The method used in a panel was modified. Very good modification.

Nothing really new.

Judy Woodruff excellent--a good choice.

Start your sessions on time. Room too crowded.

Good session--moderator excellent.

-4-

This was a super program. The group size was handled well.

All appeared knowledgeable, some repetition, larger session could have better discussed issues.

Stimulating, thought-provoking session.

I'm impressed with high level of credibility and knowledge of this group.

All great. Do more of these.

Very exciting program. High class and very motivating.

Question and comments from floor were also very informative and provided a lot of questions to be researched.

There were too many panel members to follow themes at times. Suggest panel divide into two sessions, shorter.

The moderator needs to be commended for her part of this presentation.

Judy Woodruff was superior.

Excellent session.

Judy Woodruff excellent moderator.

This was dynamic!

Fewer panel members may have enhanced the depth of the discussion.

All speakers contributed well based on their area of expertise and appropriateness of the topic being discussed.

An excellent cross section of today's outstanding nurse leaders.

Judy Woodruff's questions prevented the group from meeting the objectives.

This whole program was superb--very well done--excellent choice of panelists.

The moderator was superb.

The panelists should be encouraged to speak in specifics rather than generalities.

There were too many panelists for the time allotted.

Truly enjoyed and appreciated.

Excellent. Thank you.

-5-

Acoustics had an echo all morning in the back of the room. Could not see the speaker.

Too many people/speakers. Topic too broad.

Moderator--Too unknowledgeable about the nursing, etc. too inadequate to stimulate this group.

Should have large name cards in front of each speaker!

The introduction was too long. Why not give us this information on a fact sheet. Would have saved time.

Some speakers not specific enough. Too many broad generalities, not enough substance.

If a session is to start at a certain time and individuals are talking and coming in late, do not wait for the late comers to be seated, just start. Those who came on time are penalized for being on time by the late comers.

Overall these sessions are too long--it was a shame to see so many people leaving this session early--maybe if it could be done in two or three parts people would attend the entire session. Fifty-minute sessions overall are plenty long enough.

Excellent presentation.

Couldn't see them to see who was speaking and didn't always identify by name.

This type of session is so superior to a paper presentation. (I can read a paper traveling so far and paying so much.) A panel on issues stimulates thinking, etc.

Judy Woodruff did a great job until she opened it up to audience for questions. Then she allowed comments rather than questions. It was inappropriate for audience to make their own speeches!

Would have appreciated an in-depth questioning vs. board problems which we already know.

J. Huntington, excellent "down to earth" reality answers! S. Sample really spoke out--excellent!

Objectives: Lacked preventive medicine especially with elderly--health education. Nurses are looked upon as the "resident expert" in the neighborhoods and many are now moving into these areas of responsibility. Should start all programs on time--open doors 30 minutes prior. Many have to leave before completion to move to next presentation. Ethelrine Shaw-Nickerson did a fine job "setting the stage." The panel developed for this subject truly reflects that nursing has certainly moved forward. How about a

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panel on public TV to let the consumer know "we can make a difference"? Public needs to be educated that nurses are flexible, are specialized and are thinking of tomorrow as we prepare for same. We don't toot our own horn as much as we should--to each other yes, e.g. meetings with others of the nursing profession, but not the overall public. Short and long range could produce good results with legislators, etc. Let them know we're smart and caring.

Excellent program.

An outstanding group of articulate/knowledgeable nurses--this panel creates the image the public needs to see! Individual nurses are forced to assess their own competence level when confronted by a panel like this.

Judy Woodruff was a fantastic moderator and truly kept the discussion moving.

We are well represented in cabinet leadership.

All were very articulate and good examples of how nurses are professional and can communicate.

Faculty: All get A+ from me!

All of the faculty were clearly well informed; all were able to articulate, but the panel style does not allow for "organization of content."

Many of the comments of the audience were good, but as usual some people always manage to speak to hear themselves speak.

I couldn't keep track of individuals. The panel was perhaps too large.

Excellent program.

A rehash of an old story.

In total: Very stimulating, one of the better presentations I've attended this far.



# The ANA Convention... New Orleans 1984

Challenges and Choices from The 54th Convention of The ANA



Action at the ANA Convention

By Susan R. Zabrowsky, MA, RN

The 1984 ANA Convention officially opened with evening ceremonies on Friday, June 22, 1984 in New Orleans, Louisiana. The opening ceremonies were highlighted by the introduction of constituent state presidents and executive directors and the honoring of nine nurses for their "outstanding contributions to nursing and health care." The recipients of these ANA Awards were Veronica Driscoll, Hildegard E. Peplau, Delores Marsh Alford, Rose Cashman Dilday, Mary Ann Garrigan, Verdelle Bellamy Marguerite Cobb, Rachel E. Buck and Linda Aiken.

Immediately following the official Opening Ceremonies a festive mardi-gras style parade led nurses from the Rivergate Convention Center to the Sheraton New Orleans Hotel where the celebration-New Orleans style-continued. All convention attendees participated in the feast of food and music which continued late into the night.

At Saturday's plenary session of the convention, Jeffrey Hallett, president of Trend Response and Analysis Company, Washington, D.C., and Lucie S. Kelly, well-known nursing leader and educator, spoke about health care in a post-industrial society. Their presentations were based on the work of John Naisbitt in his best selling book *Megatrends*.

At the second plenary session, Sunday, June 24, Judy Woodruff, chief Washington correspondent for PBS' MacNeil-Lehrer News Hour, moderated a panel discussion which focused on "The Choices Nurses Must Make." The changes affecting nursing and the direction those changes are taking the profession were the highlights of the discussion. Members of the panel were the Chairpersons of ANA's six cabinets and the Constituent Forum.

The opening days of the convention were filled with continuing education offerings and a vast array of exhibitions; educational and informational opportunities were great. The crowds of people walking through the Convention Center indicated a heightened interest in and excellent attendance at all programs and exhibits.

The House of Delegates—an elected body comprised of members from each of the ANA's constituent associations—began its

deliberations on Monday, June 25th. In a message to the delegates, Margaret M. Heckler, Secretary of the Department of Health & Human Services, told the audience that there "never could be a more important time for American Nurses to convene."

Secretary Heckler cited prospective payment programs for the nation's medicare clients as fertile ground for nursing's input and she stated that, these programs "will empower more nurses by bringing them into the decision making process of the hospital." Secretary Heckler mentioned repeatedly both the importance of ANA's high visibility in Washington and the high regard in which nursing is held by legislators and government officials.

The House of Delegates met four consecutive days, June 25th through June 28th after delegates had attended many hours of hearings and state caucuses. Below is a comprehensive, but not all-inclusive, listing of the major decisions reached by the House of Delegates:

- The move to a moderated Federation Model for the ANA was completed with the House's adoption of the amended by laws revisions.
- The dues for ANA membership will remain at current levels.
- Assessment of state dues paid to the ANA will be calculated on a state "dues collected" basis rather than on a per capita basis. This is reflected in a formula developed by the California delegation and adopted by the House of Delegates.
- A resolution, prepared by NYCRNA members Diane Mancino and Paula Tedesco, "Supporting Federal Drug Administration Chest X-Ray Referral Criteria" was adopted.
- A resolution, on "Alternatives to War in Resolving International Conflict" was adopted. This resolution asks that the ANA "support legislation that advocates the development of alternatives to war in" resolving conflict: A petition authored by Mancino and endorsing "Alternatives" was circulated and will be sent to the President of the U.S.

(Continued on page 4)

# evaluation  
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## ANA CONVENTION

(Continued from page 1)

- A resolution to move ANA headquarters to Washington, D.C. was withdrawn at this convention.
- The House of Delegates beginning in 1986 will be composed of 615 members. There will be at least two delegates from each ANA constituent—the balance of the delegation will be determined on a representational allotment basis.
- An amended resolution on "child passenger safety" was adopted for ANA to promote with SNA's the use of automobile seat belts through public education.
- Amended resolutions that speak to occupational hazards, anti-drunk driving, smoking issues and collaboration of ANA with women's organizations were adopted.

Another important responsibility of the House of Delegates was the election of officers, members of the Board of Directors and members of Cabinets of the ANA. The results of the election are:

*Eunice Cole (WA)*, running unopposed, re-elected to a second term as President.

*Lucille Joel (NJ)*, Associate Dean of Rutgers University, School of Nursing elected to a first term as First Vice President.

*Mary Finnin (MA)*, member of the ANA Board of Directors elected to a first term as Treasurer.

*Cathryne Welch (NY)*, *Kathleen Montgomery (OH)*, *Norma Lang (WI)*, *Marilyn Goldwater (MD)*, and *Annie Carter (TN)*, all elected to positions of Director-at-Large, ANA Board of Directors.

Cabinet results were:

*Linda Driscoll (MA)*, *Geraldine Marullo (MI)*; Cabinet of Economic & General Welfare.

*Lula Whighan-Marable (AL)* and *James Welch (DE)*; Cabinet on Human Rights.

*Sr. Rosemary Donley (DC)* and *Gail Hood (NY)*; Cabinet on Nursing Education.

*Pamela Cipriano (UT)* and *Jean Marshall (NJ)*; Cabinet on Nursing Practice.

*Ada Sue Hinshaw (AZ)* and *Nancy F. Woods (WA)*; Cabinet on Nursing Research.

*Doris Armstrong (CT)* and *Kathryne Mer-shon (KY)*; Cabinet on Nursing Services.

*Barbara Blakeney (MA)*, *Jean Duncan (KY)*, *Sue Engelbough (WI)*, *Vernice Ferguson (DC)*, *Barbara Skaggs (TX)*, *Louise Shores (WA)* and *Barbara Jo McGrath, Chair, (NC)* were all elected to the ANA Nominating Committee.

The 1984 House of Delegates adjourned, its business completed, at 1:15 pm on June 28th. The next meeting of this House of Delegates is scheduled for July, 1985 in Kansas City, Mo.

Reprinted in Part From

Convention News

Printed Daily at the ANA '84 CONVENTION

NYCRNA members interested in organizing a special interest group in Maternal-Child/School Health should meet at the Sheraton Centre on September 18, 1984 at 6:00 p.m. prior to the District meeting. Janet Natapoff, Ed.D., R.N. will convene this meeting.

#  
evaluation  
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program

As Chairperson of the Cabinet on Human Rights of ANA it gives me great pleasure to welcome you to this Minority Caucus. We are so happy that so many of you have chosen to attend this meeting which is being held after many of us have had a very long day. I do need to explain to you that time and space during conventions are always at a premium and unfortunately this was the only time that we could arrange this meeting.

We are here because we felt a need to communicate with you and also to provide you an opportunity to communicate with us. As you may already know the adoption of a new by laws structure (modified federation) resulted in changes for cabinets. One major change has been that cabinets have been directed to assume a

major role in developing policy. To that end the Cabinet has directed its activities during the past term to one major goal "Enhance the image of professional nurses" Specifics have included convening a task force to review the Social Policy Statement Continuation & modification of unit assessment affirmative action procedures of states worked collaboratively & Council of International Nursing & Committee on Ethics. Reviewed drafts of major position statements of the association to assess sensitivity of the documents to human rights / affirmative actions issues. I might add that just before I departed for New Orleans I reviewed draft standards of the Community Health Section which dealt with standards of nursing care in the prison system. Other activities



have included 1. continued work on a project of the Cabinet to establish a scholarship <sup>to assist</sup> for minority nurses in completing the baccalaureate degree and at this convention CHR (1) has proposed a report to the HOD which is intended to re-affirm human rights / affirmative action activities of the association and (2) held a luncheon on Sat. June 23 at which time minority nurses who were included in the publication: Contemporary Minority Leaders: Afro-American, Hispanic and Native American Perspectives were honored (3) supported a program on AIDS at which time a position statement recently adopted by the board and presented by the cabinet was disseminated. There are just a few of the activities of the cabinet.

And now let us move to our program. We are so fortunate to have with us four important leaders in nursing who will help us address the topic of the evening "The Federation Model: Does It Affect You?" They are Dr. Ethelene Shaw, Dr. Joyce Harris, Dr. Annie Carter and Dr. Eldaurea Murillo Bohde. Our plan is to have each of the presenters address you for about 10 minutes on the topic and from their particular perspective. After this we will entertain questions from you and follow that with some specific recommendations.

I would now like to introduce the speakers to you.

Dr. Ethelene Shaw Nickerson - Assoc. Prof. of Ohio State U,  
member of ANA Board of Directors  
former Chairperson of the Commission on Human Rights  
lecturer, consultant,

Dr. Joyce Harris  
fellow Amer Council Ed  
Assigned Pres office Georgetown

Full time Prof @ U. of Florida  
Curr Psych Grad Hsg Prog

Dr. Idaura-Murillo Rahde  
Dean, State U. of N.Y. at B. Downstate Med Ctr @ Brooklyn  
member - CHR  
Award

Dr. Annie Carter

Dr. Gloria Smith  
Dir Mich Dept Public Health  
Former Med Con. Nurs Ed

Recommendations

appropriate network & cabinet - pinpoint issues

share info.

requesting informed membership - DR 6

Reduce membership

Caucuses - attendees

myrtle  
Innovation - By Laws Committee  
Strategy - elected & appointed positions  
& network

council.

# American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Eunice R. Cole, R.N.  
President

Judith A. Ryan, Ph.D., R.N.  
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(202) 789-1800

April 17, 1984

Judy Woodruff  
McNeil Lehrer News Hour  
WETA 26  
P.O. Box 2626  
Washington, D.C. 20013

Dear Ms. Woodruff:

Please find enclosed an outline and a list of critical questions that were developed by each panel participant for the American Nurses' Association plenary program entitled "The Choices Nurses Must Make." I hope you will find these questions helpful in your preparations for the 1984 convention.

In the near future I will be calling you to determine what final instructions I can provide to the panel participants related to your questions to each panel member. In addition, I can answer any questions related to the materials that we left when we met March 2, 1984.

I look forward to our continued collaboration in planning for the 1984 convention. Please call if I can be of any assistance.

Sincerely,

Karen S. O'Connor, M.A., R.N.  
Director, Council Services  
Division of Constituent Affairs

KSO:ld:01

Enclosure

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## AMERICAN NURSES' ASSOCIATION

### Description of Session

Nursing leaders will respond to probing and investigative questions regarding contemporary nursing issues during a panel interview by Judy Woodruff of the Public Broadcasting Service. Nursing issues and choices will be framed and described in today's megatrends and focus on the following:

- . Current and future impact of health care financing on meeting the needs of populations at risk
- . Quality and quantity of nursing services
- . Ethical and humanistic dimensions
- . Research and its role.

### Objectives

1. Describe the megatrends that are affecting today's nursing care
2. Identify nursing's professional choices in delivery of nursing services, providing for nursing education, economic and general welfare, nursing research, advancing nursing practice and human rights in an evolving environment of high technology/high touch.



Outline

I. Choices for Nursing

A. Human Rights

1. Maintain and promote equity within the health care delivery system
  - a. Access and utilization during a time of changing financing systems--unserved and underserved
  - b. Feminism of poverty

B. Nursing Education

1. Choices to be made in nursing education
  - a. Preparation and qualification of the nurse
  - b. Funding
    - (1) Role of federal government in nursing education
    - (2) Implications of federal subsidy of nursing education

C. Nursing Research

1. Role of nursing research in formulation of national health policy aimed at continuing costs of health care
2. Role of nursing research in resolution of health problems for the elderly and children

D. Economic and General Welfare

1. Conditions in employment settings
  - a. Pay equity
  - b. Configurations of practice settings

E. Nursing Services

1. Organization of nursing resources to promote professional practice environment within present economic constraints
  - a. Changes in payment system
  - b. Impact on nurse managers

2. Choices and opportunities for nurse managers in high tech/high touch environments

F. Nursing Practice

1. Nurse accountability to public in high tech/high touch environment
2. Role of generalist and specialists
  - a. How will public know they have been cared for by a specialist?
3. Models for nursing practice that promote individual nurse accountability

G. Nursing Ethics

1. Types of ethical problems that medical technology has created for nurses and patients
2. Humanization of health care system

II. Choices for Professional Association

A. Role of Professional Nursing Organization in High Tech/High Touch Health Care Environment

1. Decentralization
2. Clearinghouse for information

B. Services Provided by Professional Nursing Organization

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Questions for Judy Woodruff

Cabinet on Nursing Education  
Delight Tillotson, M.S.N., R.N.

Critical Questions:

1. What choices do we have for nursing education in the future?
2. What are the implications for health care in general and the consumer in particular related to ANA's position on the baccalaureate as minimal preparation for entry into professional practice?

Cabinet on Human Rights  
Juanita Hunter, Ed.D., R.N.

Critical Questions:

1. How can ANA and its members work toward improving equity within the health care delivery system in a high tech/high touch environment?
2. Define the feminism of poverty and explain its relationship to human rights concerns.

Cabinet on Nursing Research  
Nola Pender, Ph.D., R.N., F.A.A.N.

Critical Questions:

1. What role can nursing research play in formulation of national health policy aimed at containing costs of health care?
2. How can nursing research contribute to resolution of health problems for the increasing number of elderly in our society?

Cabinet on Economic and General Welfare  
Martha Garcia, B.S., R.N.

Critical Questions:

1. Do you think nurses are well paid or paid enough?
2. Within a changing health care delivery system, what employment settings will nurses choose?



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Plenary Session: The Choices Nurses Must Make

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- . ethical and humanistic dimensions
- . research and its role.

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Introduction of Ms. Woodruff and panelists yet to be determined.

Panelists are prepared to address:

Catherine P. Murphy, Ed.D., R.N., chairperson, Committee on Ethics--Ethical concerns in high technology/high touch health care environment, such as sustaining life.

Nola J. Pender, Ph.D., R.N., F.A.A.N., chairperson, Cabinet on Nursing Research--Research contributions to health care and to what extent do nurses contribute to the generation of new knowledge; value of nursing research to society.

Sally Sample, M.N., R.N., chairperson, Cabinet on Nursing Services--Utilization of the professional nurses and provision of professional working climate.

Martha Garcia, B.S., R.N., chairperson, Cabinet on Economic and General Welfare--Improved working conditions and comparable worth.

Delight M. Tillotson, M.S.N., R.N., chairperson, Cabinet on Nursing Education--What do nurses have to know to be safe practitioners in high technology/high touch environment.

Jean E. Steel, M.S., R.N., C., chairperson, Cabinet on Nursing Practice--Accountability of the nurse to the consumer and society.

Plenary Session: The Choices Nurses Must Make (cont'd.)

Juanita K. Hunter, Ed.D., R.N., chairperson, Cabinet on Human Rights--Evolution and erosion of civil rights, two levels of care; those that can pay for it and those who cannot, and the feminism of poverty.

Judy Huntington, B.S.N., R.N., chairperson, Constituent Forum--Impact of federal cuts on access to care and the response of nursing.

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Cabinet on Nursing Services

Sally Sample, M.N., R.N.

Critical Questions:

1. What are the choices and opportunities for nurse managers to maintain and promote a cost-effective professional practice environment in a high tech/high touch environment?
2. How will the new payment system affect nurse managers?

Cabinet on Nursing Practice

Jean Steel, M.S., R.N., C.

Critical Questions:

1. What are the models for nursing practice in a high tech/high touch environment that promote individual nurse accountability?
2. How will the public know they have been cared for by a nurse specialist?

Committee on Ethics

Catherine Murphy, Ed.D., R.N.

Critical Questions:

1. What kinds of ethical problems has medical technology created for nurses and patients?
2. What role can nurses play in the resolution of these problems in the humanization of health care delivery?

Constituent Forum

Judy Huntington, B.S.N., R.N.

Critical Questions:

1. What role does the professional nursing organization play in implementing the above choices?
2. Has the American Nurses' Association made changes that reflect a responsiveness to the major changes in society?

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Questions for Judy Woodruff

Cabinet on Nursing Education  
Delight Tillotson, M.S.N., R.N.

Critical Questions:

1. What implications for health care in general and the consumer in particular does the ANA's position on baccalaureate as minimal preparation for entry into professional practice have?  
*Changes*
2. What ~~involvement~~ *in future* and support of nursing education do you see at the federal level?

Cabinet on Human Rights  
Juanita Hunter, Ed.D., R.N.

Critical Questions:

1. Define the feminism of poverty and explain its relationship to human rights concerns.  
*How can ANA* *Human an information age high tech age what choices*
2. ~~Given the increasing concern about the rising cost of health care and the continuing erosion of health and social programs at the federal level, how can ANA and its members work toward improving equity within the health care delivery system?~~ *in an a high tech age*

Cabinet on Nursing Research  
Nola Pender, Ph.D., R.N., F.A.A.N.

Critical Questions:

1. How can nursing research contribute to resolution of health problems for the increasing number of elderly in our society?
2. What role can nursing research play in formulation of national health policy aimed at containing costs of health care?

Cabinet on Economic and General Welfare  
Martha Garcia, B.S., R.N.

Critical Questions:

1. *Are nurses paid enough?*
- 2.

Cabinet on Nursing Services  
Sally Sample, M.N., R.N.

Critical Questions:

1. *What are risks that nurse managers face in organ. nurse resources in cost containment systems*
2. *How will new payments affect nurse managers in high tech society*  
*Do you anticipate cutbacks as a result of cost containment*

Cabinet on Nursing Practice  
Jean Steel, M.S., R.N., C.

Critical Questions:

1. *How will the public know when they have been treated by a specialist in nursing? or not*
- 2.

Committee on Ethics  
Catherine Murphy, Ed.D., R.N.

Critical Questions:

1. What has been the impact of medical technology on the delivery of health care-- what kinds of ethical problems has medical technology created for nurses and patients?
2. What role can nurses play in the resolution of these problems in the humanization of health care delivery?

Constituent Forum  
Judy Huntington, B.S.N., R.N.

Critical Questions:

- 1.
- 2.



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Convention Program Planning Committee  
April 8, 1984  
Agenda Item 3

3. Plenary Session, Choices Nurses Must Make

Planning: Panel

Background information

- 3.1 Letter to Judy Woodruff dated March 30, 1984
- 3.2 Questions from panel participants
- 3.3 List of background materials that were provided to Judy Woodruff

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Staff will share information related to Ms. Woodruff's response to questions that were developed by each panel participant and any questions she has about ANA materials.

The following is excerpted from John Naisbitt's book, Megatrends: Ten New Directions Transforming Our Lives, New York: Warner Books, Inc., 1982.

(Note: This book utilizes a method of content analysis first used by intelligence experts in World War II to gain propaganda-free information about happenings in enemy countries. By applying this methodology to contemporary American society, Naisbitt and his associates have identified ten "megatrends" or broad outlines that are shaping the future of our society. The chief premise of the book is that the most reliable way to anticipate the future is by understanding the present.)

- Despite the conceits of New York and Washington, DC, almost nothing starts there.
- America is a bottom-up society; new trends begin in cities and local communities.
- Trends are generated from the bottom up; fads from the top down.
- Since WWII, most social invention in America occurs in just five trend-setter or bellweather states; they are California, Florida, WASHINGTON, Colorado and Connecticut.
- Trends tell you the direction the country is moving in. The decisions are up to you. But trends, like horses, are easier to ride in the direction they are already going. When you make a decision that is compatible with the overarching trend, the trend helps you along. You may decide to buck the trend, but it still helps to know it is there.

THE MEGATRENDS:

I. Industrial Society → Information Society

- Although we continue to think we live in an industrial society, we have in fact changed to an economy based on the creation and distribution of information.
- The shift from agricultural to industrial society took 100 years; from industrial to informational only two decades.
- 75% of all jobs by 1985 will involve computers in some way.
- The life channel of the information age is communication; the net effect of increased information technology is a faster flow of information reducing the amount of time it takes to transmit information from sender to receiver.
- Scientific and technical information now increases 13% per year (it doubles every 5.5 years); with new information technology data will soon double every twenty months.
- We are drowning in information, but starved for knowledge; the shift now is from supply to selection of meaningful information.
- Computer technology is to the information age what mechanization was to the industrial revolution; it increases automation.
- In the information society, the two required languages will be English and the computer.

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- Rapid change means that you cannot expect to stay in the same job forever; we are moving from the specialist who is obsolete, to the generalist who can adapt.

## II. Forced Technology → High Tech/High Touch

- We are moving in the dual direction of high tech/high touch, matching each new technology with a compensatory human response.
- Technology and human potential are the two great challenges and adventures of today; we must find the balance.
- The high tech of hospitals has given rise to the high touch response of primary nursing.
- The technology of computers allows us to have individually tailored arrangements (cafeteria compensation) for thousands of employees; unions are out of tune--basic idea is to ensure that everyone is treated the same, but we all want to be treated differently.
- The more high technology around us, the more people need human touch and other people.

## III. National Economy → Global Economy

- No longer do we have the luxury of operating within an isolated, self-sufficient, national economic system; we must now acknowledge that we are a part of a global economy. We have begun to let go of the idea that the United States is and must remain the world's industrial leader as we move on to other tasks.
- We have two economies in the United States; a sunrise economy and a sunset economy.
- The problem is that we continue to root our judgements in old indexes and most of those are dying industries. We need new concepts and new data if we are to understand today and tomorrow.

## IV. Short Term → Long Term

- We are restructuring from a society run by short-term considerations and rewards in favor of dealing with things in much longer-term frames.
- In the interest of the corporation itself, a board of directors must concern itself with the long-range future of the business and not be upset by a bad quarter so long as productive and cost-effective spending is going on for the long range.
- The key question for the 1980's is "What business are you really in?"
- You can't change unless you completely rethink what it is that you are doing, unless you have a wholly new vision of what you are doing.
- If you don't know what business you are in, conceptualize what business it would be useful for you to think you are in--be alert to the changes around you, anticipate their impact on your organization, and then respond.
- There has been an evolving reconceptualization of health care from a sickness orientation to a wellness orientation; from short-term to long-term.
- A strategic vision of what business you are in is a clear vision of what you want to achieve, which then organizes and instructs every step toward that goal.

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## V. Centralization → Decentralization

- In cities and states, in small organizations and subdivisions, we have rediscovered the ability to act innovatively and to achieve results--from the bottom up.
- We are moving from a representative form of government to a more participatory form; people want more direct say in issues that are of importance to them.
- There is a shift away from Washington, DC that has energized state and local governments; decentralized policymaking comes in the wake of the failure of centralized strategies to effect social change.
- Decentralization is bottom-up policymaking with increased pressure for participation (in government, industry and organizations).
- Decentralization creates more centers, which means more opportunities and choices for individuals; it is the great facilitator of social change.

## VI. Institutional Help → Self-Help

- We are shifting from institutional help to more self-reliance in all aspects of our lives.
- Self-help trend parallels trend toward the personal responsibility for wellness; preventative health care; it is supportive of home-health care, hospice movement, and nurse midwives.
- Shift occurring away from a managerial society toward an entrepreneurial society.
- Self-help movement has arisen from the crisis of confidence with society's institutions; it fits the political and economic mood of the country.

## VII. Representative Democracy → Participatory Democracy

- We are discovering that the framework of representative democracy has become obsolete in an era of instantaneously shared information.
- People whose lives are affected by a decision must be part of the process of arriving at that decision.
- The new leader is a facilitator, not an order-giver.
- Consumerism is a movement rooted deep in America's history; it will increase in the 1980's with the distinct possibility that it will become extremely militant late in the decade.
- Worker dissatisfaction and employee rights will be major issues.
- People must feel that they have ownership in a decision if they are to support it with any enthusiasm.

## VIII. Hierarchies → Networking

- We are giving up our dependence on hierarchical structures in favor of informal networks. This will be especially important in the business community.
- Failure of hierarchies to solve problems forced people to talk to each other--that was the beginning of networks.
- Networks offer a horizontal link (high-touch) and foster self-help, to exchange information.

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- Businesses will be restructured into smaller more entrepreneurial, more participatory units.
- In the network environment, rewards come from empowering others, not by climbing over them.

IX. North—→ South and West

- More Americans are living in the South and West leaving behind the old industrial cities of the North.
- Economic growth will occur in these new population states.

X. Either/Or To Multiple Option

- From a narrow either/or society with a limited range of personal choices, we are exploding into a free-wheeling, multiple-option society.
- Remember when bath tubs were white, telephones black, and checks green?
- The basic building block of the society is shifting from the family to the individual.
- Husband-wife households with only one spouse working (43% in 1960) will decrease to 14% by 1990.
- Carpenters make more than nurses because women have always been nurses and men have always been carpenters--and men decide.
- Comparable worth--a major issue.
- We have moved from the myth of the melting pot to a celebration of cultural diversity

Conclusion

- We are living in the time of parenthesis, the time between eras.
- Those who are willing to handle the ambiguity of this in-between period and to anticipate the new era will be a quantum leap ahead of those who hold onto the past. The time of parenthesis is a time of change and questioning.

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2/18/83

WASHINGTON STATE NURSES ASSOCIATION

Trends Expected to Affect Hospitals and Health Care in the 1980's (from Western Network Institute for Nurse Executives, August, 1982)

- Further development of multihospital systems.  
Individual hospitals will join multihospital systems to facilitate raising capital, dealing with regulatory political environment, to share expertise, and to obtain economies of scale.
- The role of hospitals will be extended.  
Hospitals will provide a much wider range of services including some non-health services. New services will be provided in order to increase revenues, respond to community demands, or respond to competitive incentives from the business community and the federal government.
- Hospital corporations will be restructured.
- More alternative delivery systems such as HMOs, JPAs, Free-Standing Clinics.
- Hospital resources will decline.  
Money available from all major sources - federal government, state government, and large business payors - will grow less rapidly or actually decline.
- Demand for health care will still increase.  
Despite shrinking resources, major forces will push for increase use of health services including growth in the aged population, growth in health technology, and growth in the supply of physicians.
- Hospital industry will shrink.  
There will be fewer hospitals both because of mergers and also because of hospitals going out of business.
- More competition.  
There will be more competition because of shrinking resources but also because of new incentives for both consumers and providers developed by the government in order to use competition rather than regulation as a means of controlling costs. Efforts of hospitals to compete will lead to more adversarial relations with physicians.
- More emphasis on productivity.  
Because of shrinking resources and competition, hospitals and health care providers will have to make more productive use of facilities, equipment, and staff.
- Increase in co-payments and deductibles.
- Physicians will have more responsibilities for allocating health care dollars and other resources.  
Both competition and new incentives will put more burdens on physicians to allocate resources.
- Physicians will be more active in hospital affairs.

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- There will be new physician/nurse relationships.  
Physicians will have to give nurses more respect, more consideration and more professional responsibility in order to attract necessary nursing personnel.
- The for-profit sector will grow.
- More high hybrid organizations.  
By 1990 it may be hard to tell the difference between an insurance company and a hospital.
- Increased litigations.
- More unionization.
- Increasingly more sophisticated regulations.

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2/22/83